

STANDARD CERTIFICATE OF DEATH

State File No. **9622**

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette Mo.		c. CITY (If outside corporate limits, write RURAL and give township) New Franklin Mo.	
c. LENGTH OF STAY (in this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Free Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Shundo b. (Middle) George c. (Last) Feldman			4. DATE OF DEATH (Month) (Day) (Year) Apr. 4-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27-1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) R.R. Agent		10b. KIND OF BUSINESS OR INDUSTRY MK&RR		11. BIRTH PLACE (State or foreign country) Neutzow Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Chas. Feldman		13b. MOTHER'S MAIDEN NAME Rose Muckaus		14. NAME OF HUSBAND OR WIFE Sophie Koch Feldman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Mo.		16. SOCIAL SECURITY NO. 702-10-1316		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Feldman C. Feldman	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic germinal nephritis		INTERVAL BETWEEN ONSET AND DEATH 1 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chr. cholecystitis - tuberculi		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 584X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 15, 1952** to **April 4, 1953**, that I last saw the deceased alive on **April 4, 1953**, and that death occurred at **12:07 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. C. Keech M.D.	(Degree or title)	23b. ADDRESS Fayette Mo.	23c. DATE SIGNED 4/6/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 7-53	24c. NAME OF CEMETERY OR CREMATORY Neutzow Garden	24d. LOCATION (City, town, or county) (State) Neutzow Mo.
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DATE REC'D BY LOCAL REG. 4-6-53	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Bell New Franklin Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0451
C

APR 15 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed L. L. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address New Franklin Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.